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SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

Source	Туре	Amount
Keene State	Approved Teaching Fee	\$6,000
Examples: State of Maryland	Legislative Pension	\$9,000
	Spouse Speech	\$1,000
Elist Brown Stands tolly	ABRICKING (2)	1.500
First BAME Church, OWASSO	Meaching	1,000
Metro politan BARRIST Church OKC		500
CATEURY COMMUNICY Church, OKC	Preaching	200
Church on the Luney, OKC	Heaching	200
Trivity Bonnis Chock Yukon	Reaching	500
First Broker Church Mustogee	Reaching	0.52
Speech LANGUAGE PARROLOGY Services	Speuse	NA

Name
JAMES
LANKFORD

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SCHEDULE II—PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics. A green envelope for transmitting the list is included in each Member's filing package.

lope for transmitting the list is included in each Member's filling package.			
Source	Activity	Date	Amount
Association of American Associations, Washington, DC	Speech	Feb. 2, 2011	\$2,000
	ハイント	7	600
			i

Asset and/or income Source **BLOCK A**

of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other Identify (a) each asset held for investment or production more than \$200 in "unearned" income during the year. reportable asset or sources of income which generated

not use ticker symbols.) Provide complete names of stocks and mutual funds (do

account that exceeds the reporting thresholds. For retirevalue at the end of the reporting period. the name of the institution holding the account and its ment accounts which are not self-directed, provide only investments), provide the value for each asset held in the the power, even if not exercised, to select the specific plans) that are self-directed (*i.e.*, plans in which you have For all IRAs and other retirement plans (such as 401(k)

For rental or other real property held for investment, provide a complete address.

that is not publicly traded, state the name of the busition in Block A. ness, the nature of its activities, and its geographic loca-For an ownership interest in a privately-held business

income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or saving accounts; and any financial interest in, or income derived from, a federal retirement program, including the Thrift homes and vacation homes (unless there was rental Exclude: Your personal residence, including second

income source is that of your spouse (SP) or dependent child (DC), or is jointly held with your spouse (JT), in the If you so choose, you may indicate that an asset or

For a detailed discussion of Schedule III requirements, please refer to the instruction booklet. optional column on the far left.

DC, Examples:

Simon & Schuster Mega Corp. Stock

1st Bank of Paducah, KY Accounts

TIM CREF TO DEAR 529

4525

IRA -RILLOW

Field Provide Turing

LOW Pried Stock

Fración Cap Appiec Guisane

New TRA

TIAN CREF EIN'S BUT

Mustist Bank Accounts

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S

Value of Asset BLOCK B

reporting year. If you use a valuation Indicate value of asset at close of

Type of Income

BLOCK C

retirement accounts that do not allow Check all columns that apply. For

Deferred" in Block C, you may check the For assets for which you checked "Tax-

BLOCK D

Amount of Income purchases Fransaction asset had Indicate if the BLOCK E

			_	_		—	_				
						L			None >		ye ye
				<u> </u>		_	ਰ		\$1 – \$1,000	,	method other than fair market value, please specify the method used. If an asset was sold during the reporting year and is included only because it generated income, the value should be "None."
×	×	×	×	×	\times		Indefinite		\$1,001 - \$15,000)	e sp e sp usse usse and ater
						L	ā		\$15,001 - \$50,000	,	method other than fa please specify the met If an asset was sold du year and is included generated income, the "None."
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						×			\$100,001 - \$250,000	, l	han
									\$250,001 - \$500,000	>	method other than fair market value, please specify the method used. If an asset was sold during the reporting year and is included only because it generated income, the value should be "None."
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					X	Γ			INTEREST		you to choose specific in that generate tax-defa (such as 401(k) plans may check the "Tax-Defa Dividends, interest, gains, even if reinves disclosed as income. If the asset generated n ing the reporting period.
						Γ		X	CAPITAL GAINS		e to (K) e to interior (K) e t
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7	$\overline{\mathbf{x}}$	X	×	×		Г			TAX-DEFERRED		eferred so Investred eferred is or IR, and t, and ested, rested, reste
							Royalties		Other Type of Income (Specify: e.g., Partnership Income or Farm Income)		you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "Tax-Deferred" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.
×	×	×	X	×		f			None -	-	ea bir of car
					X				\$1 – \$200 =	=	one te
									\$201 - \$1,000		"None" column. For all other assets, indi- cate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.
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							×		\$100,001 - \$1,000,000		Ssel Syct Divin 3, e Sios
						T			\$1,000,001 - \$5,000,000 ×	〈	wone" column. For all other assets, indi- cate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was sarned or generated.
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i			ď	P				S (partial)		If only a portion of	(P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.

SCHEDULE III—ASSETS AND "UNEARNED" INCOME
Continuation Sheet (if needed)

Name JAMES LANKED

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SCHEDULE IV— TRANSACTIONS

Name JAMES LANKFOR

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									IT Roll over Guins rove Tux + Finley I	0	DCI TIAA CREF 529 Global Equity	Example: Mega Corpor	dren, or the purchase or sale of your personal residence, unless it generates rental income. If only a portion of an asset is sold, please so indicate (<i>I.e.</i> , "partial sale"). See example below. Capital Gains — if a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule III.	erty ried in rivestitien that excepted a tour minute harsacions had resulted in a capital loss. Provide a brief description of any exchange trans- action. Exclude transactions between you your spouse or dependent children.	Report any purchase, sale, or exchange transactions by you, your spouse, or dependent child during the reporting period of any security or real proports, half for investment that exceeded \$1 000 Include transactions that
									2	7	×		PURCHASE		
		_										×	SALE		Type of Transaction
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						<u> </u>			ļ		_		\$25,000,001- \$50,000,000 Over		

SCHEDULE V— LIABILITIES

Name JAMES LANKFORD

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Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report revolving charge accounts (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000. NOTE: Pending legislation may require Members to report mortgages on personal residences.

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		F		SP, DC, JT	Sub, lo
		BANK	Example:		7
		of America	First Bank of Wilmington, DE	Creditor	in in garget on property of the second
		001205	May 1998	Date Liability Incurred Mo/Year	
		Most 8/8e of Resieuce	Mortgage on 123 Main St., Dover, DE	Type of Liability	
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			T BANK OF AMURICA OCT 2005 Mort 8450 or Assisce X	ington, DE May 1998 Mortgage on 123 Main St., Dover, DE CT 2005 Mort HSe on Assence	Date Liability Liability Incurred Mo/Year Type of Liability Nortgage on 123 Main St., Dover, DE S10,001- S15,000 S15,001- S50,000 S250,000 S250,000 S100,000 S250,000 S100,000 S100,000 S100,000 S100,000 S100,000 S1000,000 S1000,000

SCHEDULE VI— GIFTS

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her Report the source, a brief description, and the value of all gifts totalling more than \$350 received by you, your spouse, or a dependent child from any source during the year.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule

relationship to you. Gifts with a value of \$140 or less need not be added towards the \$350 disclosure threshold.

 	 	 _		_
		Example: Mr. Joseph H. Smith, Anytown, Anystate	Source	
		Silver Platter (determination on personal friendship received from Committee on Ethics)	Description	
		\$375	Value	

Name
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SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

or were paid by you and reimbursed by the sponsor. the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than \$350 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and

spouse or dependent child that is totally independent of his or her relationship to you. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a

Source	Date(s)	City of Departure—Destination— City of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Number of days <u>not</u> at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	DC—Chicago—DC	Z	Z	Z	None
	Aug. 6–11	DC—Los Angeles—Cleveland	Υ	Y	Υ	2 Days
Heritage Rounation	JAN 27-29	JAN 27-29 DC-Les Angeles -OKC	Y	Y	N	0
	Aus 20-28	Aus 20-28 OKC-brushen, Isand-	7	7	Y	9
FOUNDATION	•	OKC				

SCHEDULE IX—AGREEMENTS SCHEDULE VIII—POSITIONS employee welfare or benefit plan maintained by a former employer. Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an tions); and positions solely of an honorary nature. organization, or any educational or other institution other than the United States. proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organiza-Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, Date Position Parties To Name of Organization Name Terms of Agreement Page ____ of ___